

Board of Community Health  
Meeting  
November 12, 2015

**Members Present**

Norman Boyd  
Michael Kleinpeter  
Russ Childers  
Allana Cummings  
Anthony Williamson  
Mark Trail  
Roger Folsom

**Members Absent**

Donna Thomas Moses  
Clay Cox

The Board of Community Health held its regularly scheduled meeting at the Department of Community Health (DCH), Fifth Floor Board Room, 2 Peachtree Street, N.W., Atlanta, Georgia. Commissioner Clyde L. Reese, III was also present. (An agenda and a List of Attendees are attached hereto and made official parts of these Minutes as Attachments #1 and #2). Chairman Norman Boyd presided and called the meeting to order at 10:30 a.m.

**Minutes**

The Minutes of the October 8, 2015 meeting were unanimously approved.

**Opening Comments**

None to report.

**Committee Report**

Norman Boyd, Audit Committee Chairman reported the following:

- Committee members in attendance: Norman Boyd and Roger Folsom.
- The Audit process is currently conducted by an outside audit joint venture, Metcalf Davis/Mauldin Jenkins. FY 2015 is the final year of the DCH contract with Metcalf Davis/Mauldin Jenkins.
- The Georgia Department of Audits and Accounts (DOAA) office will assume this responsibility as an independent auditor for the FY 2016 audit.
- Mr. Greg Griffin, State Auditor addressed the committee and shared some facets

of their process, calendar and organization.

Matthew Jarrard, DCH Chief Information Officer, presented an overview of the DCH Office of Information Technology (OIT). The presentation included a review of the responsibilities of OIT and the roles of its five organizational areas as follows:

- Medicaid Management Information System (MMIS) Unit is responsible for managing and testing all Federal, State and Departmental changes to the Medicaid claims system or processes such as testing and implementation of system changes related to the ICD-10 classification system which went into production 10/1/2015.
- Technical and IT Support Team is the unit responsible for supporting DCH's day-to-day technical support and IT needs at 2 Peachtree, DCH's field offices, and for users working remotely. The team works closely with DCH's IT partners including AT&T, Dell, IBM, Microsoft, Capgemini, and GTA.
- Health Information and Analytics (HIA) is responsible for the standard and ad hoc reporting needs of the agency and also provides Medicaid eligibility and claims experience analytics along with State Health Benefit Plan claims experience analytics and is currently involved in a major system re-procurement.
- Information Security Office (ISO) is responsible for the security of all data and data transmissions managed or housed by DCH including applying and auditing all Federal and State government security requirements such as for the new Integrated Eligibility System.
- Medicaid Information Technology Architecture Team (MITA) is responsible for implementation and management of the MITA initiative for DCH, which MITA is a national framework to support improved systems development and health care management across 80 CMS identified business processes within the Medicaid enterprise.

Mr. Jarrard responded to questions from Board members related to security and explained a schematic showing the MITA 80 business processes.

(A copy of the Overview of the Office of Information Technology is attached hereto and made an official part of these minutes as Attachment #3).

Linda Wiant, Chief, Medical Assistance Plans, presented to the Board an update on the status of various initiatives in the Medicaid program. The presentation included:

- Current expenditures
- A snapshot of spending in the Medicaid program
- Updates on procurements
- Updates on the Centralized Verification Office (CVO) and new Integrated Eligibility System (IES)
- A brief update on value-based purchasing in the new Care Management Organizations (CMO) contracts

(A copy of the Overview of the Office of Medical Assistance Plans is attached hereto and made an official part of these minutes as Attachment #4).

John Upchurch, Director of Reimbursement, briefed the Board on the request for initial adoption of the Public Notice on the cost neutral update to the Medicaid and PeachCare Inpatient Prospective Payment System (IPPS). DCH proposes to update to a more current Diagnosis-Related Group (DRG) Classification System and to adjust the associated DRG specific weights and outlier thresholds. The current Tricare DRG Version 30 is ICD-9 based. As a result, using an ICD-9 based grouper in an ICD-10 environment could result in claims mapping to higher cost DRGs which in turn increases cost to the state. Therefore, the Department is requesting to update to Tricare DRG Version 33 for inpatient admissions on or after January 1, 2016. This change will require approval by the Centers for Medicare and Medicaid Services (CMS).

DCH met with the Hospital Advisory IPPS Subcommittee on October 26, 2015 to share the details of the IPPS DRG Version update.

A public hearing to receive comments will be held on November 23, 2015 at 10:30 am at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments may be submitted to the Department through November 30, 2015. This public notice will be presented to the Board for final adoption at the December 10, 2015 Board Meeting.

Mark Trail MADE a MOTION to approve for Initial adoption Inpatient Hospital Prospective Payment System (IPPS) Update Public Notice. Roger Folsom SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Inpatient Prospective Payment System (IPPS) System Update Public Notice is attached hereto and made an official part of these minutes as Attachment #5).

Melanie Simon, Executive Director Healthcare Facility Regulation Division, presented the proposed revised Rules and Regulations for Private Home Care Providers, Chapter 111-8-65-.03, to the Board for initial adoption. The revised rules are being proposed pursuant to the authority granted the Department of Community Health in O.C.G.A. § 31-6-21 and O.C.G.A. § 31-6-21.1.

Board members were provided a copy of the synopsis of proposed rule changes and revised rules. During the oral presentation, the revision in response to the adoption of HB 183 was discussed:

Revision of the definition of private home care provider in accordance with the requirements of House Bill 183 which limits the use of independent contractors to health care professionals "licensed" under Title 43.

A public hearing to receive comments will be held on December 3, 2015 at 10:00 am at the Department of Community Health (2 Peachtree Street, N.W., Atlanta, Georgia 30303) in the 5th Floor Board Room. Written comments may be submitted to the Department through December 10, 2015. This public notice will be presented to the Board for final adoption at the January 14, 2015 Board Meeting.

Russ Childers MADE a MOTION to approve for Initial adoption Rules and Regulations for Private Care Home Providers Rule Change. Mark Trail SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Rules and Regulations for Private Home Care Providers Rule Change is attached hereto and made an official part of these minutes as Attachment #6).

Rachel L. King, J.D., Executive Director of the Office of Health Planning, presented a proposed rule amendment for final adoption to the Board. The proposed rule would amend Rule § 274-1-.12 regarding the filing location for documents related to a request for Commissioner Review of and administrative decision from the Certificate of Need (CON) Appeal Panel from the 5<sup>th</sup> floor to the Commissioner's Office on the 6<sup>th</sup> floor.

The rule was presented for initial adoption on September 10, 2015 and approved by the Board. Written public comments were accepted until October 13, 2015 and a public hearing was held on that same date. The Department received no public comments on the proposed rule. The Department recommended final adoption of the proposed rule.

Allana Cummings MADE a MOTION to approve for Final adoption Rules and Regulations for Finality of Hearing Officer's Decision; Optional Review of Hearing Officer's Decision by Department Commissioner Rule Change. Michael Kleinpeter SECONDED the MOTION. ON THE MOTION, the yeas were 7, nays 0, abstained 0, and the MOTION was APPROVED. (A copy of the Rules and Regulations for Finality of Hearing Officer's Decision; Optional Review of Hearing Officer's Decision by Department Commissioner Rule Change is attached hereto and made an official part of these minutes as Attachment #7).

### **Commissioner's Report**

Commissioner Reese thanked the Board, members of the public and staff for their attendance.

Commissioner Reese updated the Board on the following items:

1. 11-15 Medicaid Wavier
  - Grady Health System presented a proposal in conjunction with

Memorial Health in Savannah. This would essentially ask the Department to draft a waiver request to begin a pilot project that would be initially approved by the Centers for Medicare & Medicaid Services (CMS) to serve a population of approximately 50,000 individuals who are currently not eligible for Medicaid.

*Currently when these services are provided to these individuals, they are uncompensated.*

The decision was made to not move forward with this waiver request as presented.

- The Governor informed Grady they could submit information to the Department to refute the information and analysis conducted, which they have done. Commissioner Reese also asked Grady to look at the possibility of including the Aged, Blind and Disabled (ABD) population in a proposed pilot. The information is currently being reviewed, but the current status remains that the Department's decision at this time is to not move forward with this waiver request.
2. Georgia Chamber of Commerce in conjunction with the Georgia Hospital Association (GHA), Georgia Alliance of Community Hospitals (GACH) and hospital groups in the state have contracted with Deloitte to conduct a study of not Medicaid expansion under the Affordable Care Act (ACA), but possible alternatives as it relates to the issue of access to healthcare in the state specifically in rural and urban areas and to provide recommendations to the Governor.

Governor's outstanding principals in the evaluation criteria:

- Any proposed plans or initiatives must leave the state in a fiscally sound position as well as the Department and Medicaid agency financially solid.

3. 2016 State Health Benefit (SHBP) Plan Year

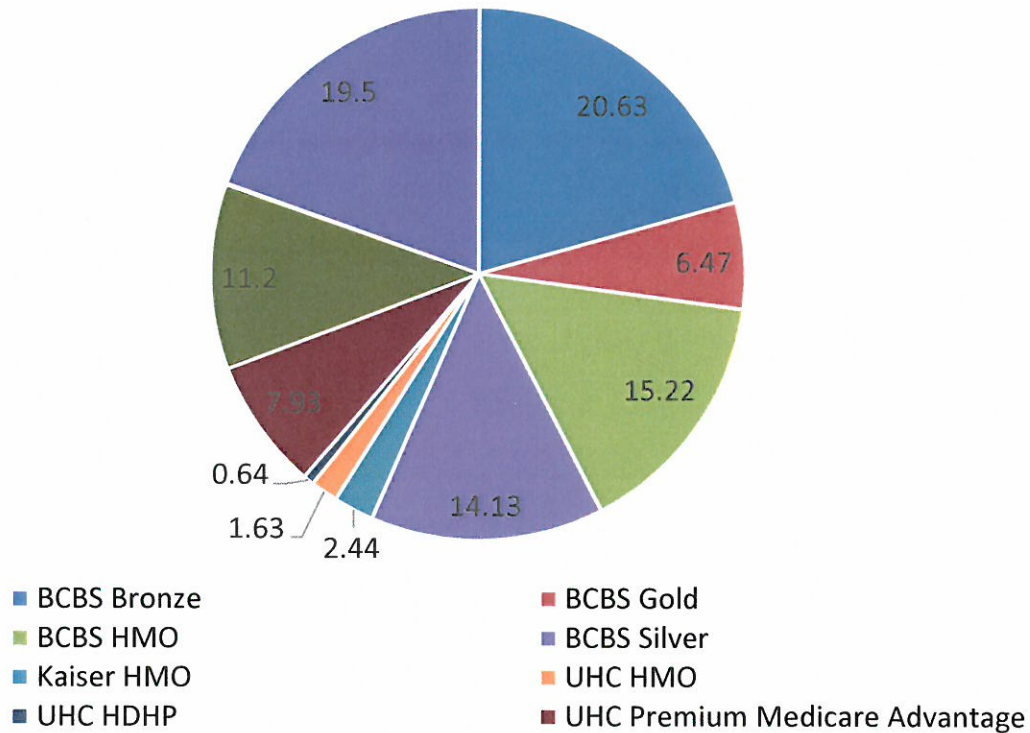
- Open enrollment ended on November 6<sup>th</sup>.
- There were no major technical glitches.
- The focus was continuity and stability with the same vendors and options as the 2015 plan year.

Commissioner Reese thanked Jeff Rickman, Division Chief, SHBP and his staff for their work during open enrollment.

Commissioner Reese indicated that there was previous discussion about changes for the 2017 plan year. The Department is working on a presentation to make to the Governor and his staff for recommendations for 2017 and beyond. Once approval is granted and permission to publically discuss the ideas, this information will be shared with the Board and public.



## 2016 Plan Year Enrollment Analysis



### 4. November is Rural Health Month & November 19, 2015 is Rural Health Day

- Commissioner Reese shared the Proclamation issued by the Governor. (A copy of the Georgia Rural Health Day Proclamation is attached hereto and made an official part of these minutes as Attachment #8).

- Letters and certificates were sent to a large number of rural facilities thanking them for the work they do to provide access to healthcare in our rural communities.

### 5. Rules and Regulations for Short-Stay Hospital Beds Rule Change

- In September the Board voted on an initial adoption of this rule and the public comment period was conducted.
- Cancer Treatment Centers of America (CTCA) petitioned for a rule change that would allow the agency to promulgate a rule to build a bridge that would allow them to apply for a CON to be a short-stay

general acute care hospital and change their status. Commissioner Reese indicated that under the statute CTCA had a right to make this request. During the 30 day review process, the agency decided to not to move forward with CTCA's proposal, but agreed to propose a rule that would create such a bridge allowing them to apply to change their status. Commissioner Reese further stated that the agency has the legal authority to move forward with this process, which will not change the current statute, with regards to destination cancer hospitals. The statute will remain in place.

Commissioner Reese also noted that there are no restrictions that would not allow any entities to be such a facility. Over the years as exception language has been promulgated to relax certain CON methodologies, the argument has been made that such exceptions are contrary to law, but they have all been upheld. If the agency moves forward with this, Commissioner Reese stated that he strongly feels that it would be upheld as well.

The public hearing was held on October 13, 2015 and was well attended. After a review of the written and oral comments, the reaction was overwhelmingly negative.

*The public comment period is put in place to hear from the interested community about a proposed rule.*

It is clear at this time that the Administrative agency is not the proper venue to vet this proposal, so Commissioner Reese indicated that he made the decision to not include this rule change on the meeting agenda for the Board's approval. It will be tabled at this time and not move forward. The rule and public comment records will be withdrawn for the reasons stated.

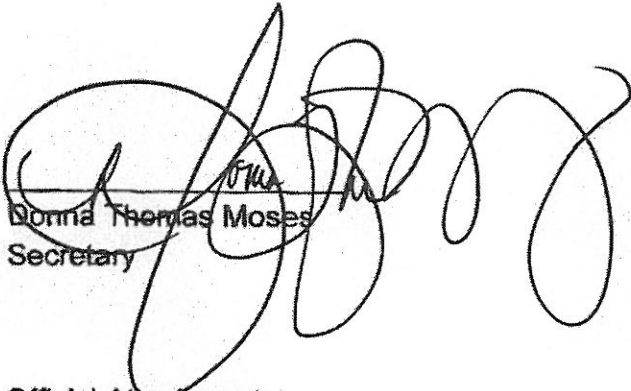
### **New Business**

None to report.

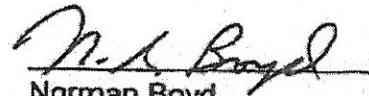
### **Adjournment**

There being no further business to be brought before the Board, Chairman Norman Boyd adjourned the meeting at 11:21 a.m.

THESE MINUTES ARE HEREBY APPROVED AND ADOPTED THIS THE 12th DAY OF November, 2015.



Donna Thomas Moses  
Secretary



Norman Boyd  
Chairman

Official Attachments:

- #1 List of Attendees
- #2 Agenda
- #3 Overview of the Office of Information Technology
- #4 Overview of the Office of Medical Assistance Plans
- #5 Inpatient Hospital Prospective Payment System (IPPS) Update Public Notice,  
Initial Adoption
- #6 Rules and Regulations for Private Home Care Providers Rule Change
- #7 Rules and Regulations for Finality of Hearing Officer's Decision; Optional Review  
of Hearing Officer's Decision by Department Commissioner Rule Change
- #8 Georgia Rural Health Day Proclamation